
Development Services Department
Building Safety Division

**APPLICATION FOR EXAMINATION FOR
MAINTENANCE PLUMBER'S CERTIFICATE OF REGISTRATION**

Instructions: Please type or print the information requested below, read the attached Requirements and sign the application. Please submit to the Building Safety Division at the address listed above.

1. Name: _____
First Middle Initial Last
2. Street Address: _____
City, State, Zip: _____
3. Telephone No. _____
Home Office
4. Do you now hold, or have you ever held a license as a Plumbing Contractor or Journeyman Plumber? Yes _____ No _____
If yes, in what City and State. _____
City State
5. How many years' experience have you had in the plumbing industry? _____
Give a brief review of your experience or training in the plumbing industry. _____

6. For whom will you be employed as a Maintenance Plumber?
Name of Company: _____
Address of Company: _____

Type of Business: _____
7. How many full-time plant maintenance personnel will you supervise? _____

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I hereby certify that I have read this application and the Requirements for Maintenance Plumber's Certificate of Registration (attached) and understand that a violation of said requirements is grounds for suspension or revocation of a Maintenance Plumber's Certificate.

Date

Signature of Applicant

For City of Tempe Use Only			
Date Application Received:		Application Reviewed By:	
Fee Amount Paid & Validation:			
Examination Date:			
Exam Corrected By:		Grade Received (%):	
Applicant Notified of Grade:		Certificate Mailed:	
File Notated:			